	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTI A. BUILDIN B. WING		(X3) DATE SUI COMPLET	f É D
		HFD12-0005				01/15	/2010
	ROVIDER OR SUPPLIER IL CHILDREN'S CEN'		203 SHER WASHING	IDAN ST, N	STATE, ZIP CODE W 0011		
(X4) ID PREFIX TAG	/EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ŲLD BE	(X5) COMPLETE DATE
1 000	INITIAL COMMENT			1 000			
	2010, through Janus sampling of two responsition of four manurey. The results observations in the administrative, nursivel as a review of	was conducted on Jaiary 15, 2010. A randisidents from a resident of the survey was being and direct care store resident and admits review of the unusual	dom ntial or the ased on th the staff, as ninistrative		GOVERNMENT OF THE DISTRICT OF DEPARTMENT OF HEALTH HEALTH REGULATION ADMINIST 825 NORTH CAPITOL ST., N.E., 2NI WASHINGTON, D.C. 20002	I RATION D.FLOOR	
1 090	3504.1 HOUSEKE	EPING		1 090			
	maintained in a saf and sanitary manne	terior of each GHMR e, clean, orderly, attr er and be free of irt, rubbish, and obje	active,			i i	
	Based on observate failed to ensure the GHMRP was maint attractive, and sani	met as evidenced by ion and interview, the interior and exterior aid exterior ained in a safe, cleatary manner and be lirt, rubbish, and obje	e GHMRP of the in, orderly, free of				
	The findings includ	e:					
·	conducted on Janu 1:00 p.m., The insp	inspection of the Glary 15, 2010, at appection revealed the	roximately following:		The exterior front porch roof whe fixed and painted and the and steps will be replaced and	pill ars d	3/17/10
	The exterior front p had chipping and p	orch roof , pillars an ecling paint.	d steps		painted by our Facilities depa	rtment.	
I 188	3508.6 ADMINIST	RATIVE SUPPORT		1188			
ith Regul	ation Administration			L.,	TITLE		(X8) DATE

30RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X8) DATE

Health Regulation Administration

(X3) DATE SURVEY COMPLETED

(TEMENT) PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	richa MBER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION		
		HFD12-0005				01/1	<i>5/2010</i>
·	OVIDER OR SUPPLIES L CHILDREN'S CE		203 SHE	odress, chy, s ridan St, ny Gton, DC 20			
X4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ACCIDICATE OF PRECEDED BY FULL P		PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
1 000	INITIAL COMME	NTS		1000			
	2010, through Ja sampling of two I population of fou survey. The resu observations in the administrative, in well as a review records, including incident reports. 3504.1 HOUSER The interior and maintained in a sample of two populations.	exterior of each GHMI safe, clean, orderly, at	idom ential for the lased on ith the staff, as ministrative ual	1 090			
	accumulations o odors. This Statute is r	nner and be free of f dirt, rubbish, and obj not met as evidenced t	oy:				
	failed to ensure GHMRP was ma attractive, and s	vation and interview, the interior and exterior and exterior aintained in a safe, cleanitary manner and beful dirt, rubbish, and obj	or of the an, orderly e free of	,			
	The findings inc	lude:					.8
	conducted on Ja 1:00 p.m., The in	tal inspection of the G anuary 15, 2010, at ap- aspection revealed the	proximatel following:	y i	The exterior front po be fixed and painted and steps will be rep painted by our Facil	l and the pillars placed and	3/17/10
	The exterior from had chipping an	nt porch roof , pillars a d peeling paint	nd steps		paritied by our Facili	шоз черанитень	
l 188	3508.6 ADMINIS	STRATIVE SUPPORT		1188			
ith Begu	lation Ministration		***	!	TITLE		(X6) DATE

Health Regulation Administration

STATEMENT	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0005		ER/CLIA JMBER:	(X2) MULTIPLI A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SI COMPLE 01/1	JRVEY TED 5/2010
	ROVIDER OR SUPPLIER	HP12-0000	STREET ADD	RESS, CITY, ST/	ATE, ZIP CODE		
	L CHILDREN'S CE	NTER	203 SHERI WASHING	IDAN ST, NW TON, DC 200	11		
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED B LSC IDENTIFYING INFORM	ES Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
1188	Continued From procumentation that required by ear Habilitation Plan is agreements, received personnel. This Statute is not Based on interview GHMRP failed to contracts for licer The finding included on January 15, 2 a.m., review of pwith the House Mollowing consult and a Registered contracts at the finding included the segmentation of the seg	at services have been resident's Individuality contracts, verpts, and paid bills show by authorized regular met as evidenced and record review have on file for review have consultants. des: 2010, at approximate eraonnel records and fanager revealed that ants' records (2 Psych Nurse) were without time of the survey.	en provided dual endor hall be ulatory by: the ew, current element the chologists at current element	1 188	NCC will obtain and mainta ongoing file for all consultar and staff working at this site (see attached Futures Consciontracts)	nts and).	3/17/10
	Based on person Interview, the grant metarded person	not met as evidences nnel record review a oup home for the me 's (GHMRP) failed to creening as required	nd staff entally o secure an	,			

Health Re	equiation Administra	ation				1	-1454
STATEMENT AND PLAN D	TATEMENT OF DEFICIENCIES ND PLAN DF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		RICLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
		HFD12-0005				01/13	72010
NAME OF PE	ROVIDER OR SUPPLIER		l ''		ATE, ZIP CODE		. 1
NATIONAL CHILDREN'S CENTER WASHING				IDAN ST, NW TON, DC 200	011	-	
(X4) ID PREFIX TAG	JEANU BERNIEMS	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH GROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
i 206				1 206	· . ·		
1	The finding include	2 8;				,	
	Record review and interview with the House Manager on January 15, 2010, at approximately 10:00 a.m., revealed three out of three consultants (Two Psychologists and a Registered Nurse) did not have a current health screening on fite.				Residential Services in conju- with the HR department will ensure that an ongoing file f all consultants and staff wor are on file and available for	or king	3/17/10
1 227	3510.5(d) STAFF	TRAINING		1227	,		
	Each training prog limited to, the folk	gram shall include, bu owing:	ut not be				
	cardiopulmonary	ocedures including firesuscitation (OPR), rer, disaster plans and	the			,	
	Based on intervie home for mentally failed to have on	ot met as evidenced low and record review, y retarded person's (file for review, current, for four of the nine and	the group GHMRP) It training In				
	The finding include	des:			:		
	January 15, 2010 10:,30 a.m., reve to provide docum cardiopulmonary aide for one of the	rsonnel and training r), beginning at appro- placed the House Mana- nentation of staff train resuscitation (CPR), the nine house staff (S I one Registered Nur- knowledged by the Ho	eximately ager falled alog in and first staff #2, Two se). These		All training records for this be on file and available for (See attachments A.1-A.1	rreview.	3/17/10
1	I			<u> </u>			

STATEMENT	ND PLAN OF CORRECTION IDENTIFICATION N		FICIENCES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION LIDENTIFICATION NUMBER: A BUILDING B. WING		·	(X3) DATE SURVEY COMPLETED 01/15/2010	
	ROVIDER OR SUPPLIER	HFD12-0005	203 SHER	RESS, CITY, S IDAN ST, N TON, DC 20	TATE, ZIP CODE N 1011		
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	S (FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X6) COMPLETE DATE
1 330 1 330	Each GHMRP shareport of the health sufficient information enders provide appropriate the statute is not based on intervier failed to secure a health inventory the information concernation concernation ender the finding included the secure of the secure o	all secure a physician inventory, which ship neoncerning the restment, special diet to enable the GHMF the services. It met as evidenced the wand record review, physician's written renat provided sufficient and provided sufficient in the sample. (It is a seessment conditionary Care Physician Op. According to the resident had a diagnostic biting on his fored for further assessments.	's written all provide sident's , or RP to by: the facility port of a t residents Resident t 8:58 a.m. acted by (PCP) osls of rearm,	1330	NCC has transitioned to a PCP. The Physician was that the frequency of labs placed on orders.	unaware	
	for Complete Bloc Comprehensive I (TSH), and Urina no documented e labs ordered. In Registered Nurse approximately 10 aforementioned I	Metabolic Profile (CN lysis (UA); however, evidence of the frequeterview with the facility (RN) on January 15:37 a.m., revealed the abs were ordered any of the medical assembly other diagnosis, in	IP), Thyroid there was ency of the ty's i, 2010, at lat the nually.		NCC has communicated to the PCP and it will be orders. In addition, it was discus PCP the appropriate for to include diagnosis, spe medication orders.	on all lab sed with the ns to utilize	

Health R	equiation Administra	tion		 			
STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		R/CLIA MBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED		
		HFD12-0005		B. WING		01/15	2010
NAME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE		, , , , , , , , , , , , , , , , , , ,
NATION	al Children's Cen	TER		IDAN ST, NV TON, DC 20	011		
(X4) ID PREFIX TAG	(= 4 (4) P.E.E.(A)(E4)(A)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	PLN L	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	CTION XILD BE ROPRIATE	(XS) COMPLETE DATE
l 330	At the time of the s	sige 4 survey, the GHMRP fant #1's Primary Care information concerni	Physician	1 330	PCP will provide sufficient information Regarding the residents health the required forms. These formations available for review.	U(1	3/17/10
1 422	Each GHMRP sha and assistance to the resident's Indiased on staff into the facility falled to program objective Individual Support residents (Reside The finding includinterview with the 2010, at approxing Resident #1 had a Continued review goal to remind the uses the bathristeps to ensure a practiced at all times. Review of Reside January 15, 2010 failed to evidence aforementioned put the survey, the failed to evidence aforementioned put the survey.	House Manager on a mately 9:50 a.m., reve an ISP dated October of the resident's ISP resident to close do boom. The goal also li ppropriate handwash	training nee with lan. y: Inflication, lent's his of the two sample. January 15, ealed a revealed a ors when neluded ling was and on on on the time of er verified		NCC will ensure that staff is on all outcomes as well as documentation for all outcom written in the ISP.		3/17/10

STATEMENT AND PLAN D	ATEMENT OF DEFICIENCIES ID PLAN DF CORRECTION MFD12-0005		MBEK:	A BUILDING B, WING	CONSTRUCTION ATE ZIP CODE	(X3) DATE SI COMPLE 01/1	RVEY TED 5/2010
NAME OF PROVIDER OR SUPPLIER NATIONAL CHILDREN'S CENTER STREET ADDRESS, CITY, 203 SHERIDAN ST, N WASHINGTON, DC 2							
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCE LY MUST BE PRECEDED B LSC IDENTIFYING INFORM		ID PROEFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	COMPLETE DATE
	The habilitation ar GHMRP shall include limited to, the finding brust care); This Statute is not based on interview failed to ensure the sample. The finding includes the sample.	ration and training of resident ude, when appropriate following areas: ene (including washing teeth, and ment as evidenced and record review hat residents' individual ded training in personately 9:50 a.m., review of the habilitation format included in Root Plan (ISP) dated to remind the residents are the bathroom are priate handwashing repriate handwashing the residents are the bathroom are priate handwashing the residents are the particular to the residents are the pathroom are priate handwashing the residents are the pathroom are priate handwashing the pathroom are priate handwashing the pathroom are priate to the pathroom are priate handwashing the pathroom are priate to the pathroom are pathroom and the pathr	nts by the ate, but not ate ate ate ate ate ate ate ate ate at		NCC will ensure that state on all outcomes as well adocumentation for all outwritten in the ISP.	28	3/17/10

PRINTED: 01/29/2010 FORM APPROVED

Health Re	egulation Administra	ation		T			·
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		R/CLIA MBER:	A BUILDING		(X3) DATÉ SURVEY COMPLETED —		
		HFD12-0005				01/15	/2010
NAME OF P	ROVIDER OR SUPPLIER				ATE, ZIP CODE		
	L CHILDREN'S CEN	ITER	203 SHERI WASHING	idan 9t, nw Ton, DC 201	D11		
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL !	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	CULD BE	COMPLETE DATE
1 474	Continued From p	age 6		1 474			
1 474	3522.5 MEDICATI	ONS		1474			
	Each GHMRP sha medication admini resident.	ill maintain an indlvidi stration record for ea	ual ch	·			
	Based on observatively the GHMF staff maintained Marcords (MAR) for	t met as evidenced b Nion, interview and re RP failed to ensure the Medication Administra or two of the residents I #4) residing in the fa	cord at nursing tion		All MAR records will be on file available for review. Informat been communicated to the RI will review with the LPN to verdocuments remain on file.	ioл has I who	3/17/10
	The findings Inclu	de:					
	January 14, 2010 #1 requires sedat appointments. The order, but it was re Continued intervier medical record re December 4, 200 blood work." Acc was sedated for 2009.	the Registered Nurse, at 4:56 p.m. reveals ion (Valium) before ne RN proceeded to long the resident's reswand review of the wested a nurse's note 9, to order "sedation ording to the RN Resa blood draw on Deco	d Resident nedical cok for the scord. resident's dated before sident #1 ember 18,				
	record on Januar Medication Admir MAR's for April 2 Additionally, at the	ew of the resident's n y 15, 2009 revealed r nistration Records (M 009 through August 2 is time of the survey, MAR for the month o	np IAR) no 2009. there was				
	medication on Ja revealed Resider Continued obser	of the evening adminit Inuary 14, 2010, at 6: Int #4 received Seroquivation revealed a pill le package for Decen	20 p.m. µei 200 mg. was still in				

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPP IDENTIFICATION I		IER/CLIA LUMBER:	(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE S COMPLI 01/1	URVEY ETED 5/2010	
IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
203 SHERI			IDAN ST, NW ITON, DC 20	/ 011			
(X4) ID PREFIX TAG	パスクロ ひてにい(高級の	ATEMENT OF DEFICIENC Y MUST BE PRECEDED I LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	FROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
1474	Employee (TME) of revealed that she	age 7 ith the Trained Med during the medication did not know why the fill in the bubble pac	on pass le	1 474	All medication will be disbur as ordered by the LPN or tra Med Techs in the home.	sed ained	3/17/10
	Review of the MAR on January 15, 2010 at a.m., revealed no evidence of a MAR for the month of December 2009. At the time of the survey, the GHMRP failed to ensure Residence a MAR for the month of December 2009.				All MAR Records will be o and made available at all t RN will be in communicate LPN and home and verify Documents remain on file. (See attachment C.1-C	times. on with these	3/17/10